1

2


3


4


5


6


7

KAROLINA BALCER

HAPPY FAMILY

8


9


10


11

ZACHĘTA
PROJECT
ROOM

KAROLINA BALCER
HAPPY FAMILY

HAPPY FAMILY **is a family project. The impetus for the publication came from the situation my older brother Philip found himself in on a number of occasions. Although nothing was lacking in our family home, he was periodically homeless. Sometimes we wouldn't have contact with him for a long time, we didn't know where he was, how he was doing and whether he was even alive.**
I now know how complicated the problem of homelessness is, the nature of which precludes a closed and unambiguous classification of its causes. Among the most common is social exclusion caused by mental illness or disorder, including addiction, or by a long-term stay in prison. It involves misdiagnosis or lack of diagnosis, stigmatisation of the mentally ill, lack of access to help or the ability to use it by the sick and their relatives. Through personal experience, I can tell the real story and perhaps break the taboo surrounding the subject of mental health. In this story, my brother is no longer just a family member — he becomes a representative of society.
The works in the exhibition metaphorically represent issues in the area of mental health. The starting point was 'sweeping problems under the carpet' — a process which I consider to be counterproductive, and which only multiplies problems. I have used the tufting (carpet) technique and the textile method in its broadest sense. Thanks to the support of family members who are actively involved in the activities I undertake, I have been able to carry out such personal and technically demanding work.
To co-create this publication, I invited people who will try to answer our questions: streetworker Wojciech Skibicki, psychiatrist Marta Ciułkowicz, psychotherapist Magdalena Peron-Szott, as well as psychology and Polish philology graduate Maria Maćkowiak. Together, we will try to raise awareness of mental health and, we hope, relieve enough of the burden of the issue to make substantive discussion less embarrassing.
The process of shaping the *Happy Family* project was curated by Paweł Jarodzki.
http://happyfamilyproject.com

Karolina Balcer

WHO ENDS UP ON THE STREET?
WOJCIECH SKIBICKI: There are many causes of homelessness — the most common are addictions, family conflicts, difficult life situations, mental illness, eviction, being deregistered from one's address or the breakdown of a relationship. Every story of a person in the crisis of homelessness is different and there are a number of reasons that lead to it — it is worth emphasising that it is never a conscious choice. At the heart of homelessness is a lack of lasting relationships and a fear of asking for help.

IS ADDICTION A WEAKNESS OR A DISEASE? SHOULD TREATMENT INCLUDE MORAL OR MEDICAL ISSUES? SHOULD ACCESS TO PSYCHOACTIVE SUBSTANCES BE REGULATED OR FREE?
MAGDALENA PERON-SZOTT: Perhaps addiction is a search for answers to many difficult questions? A desperate cry for help? An escape from something very painful or a compensation for the lack of something? Behaviour has different origins and we do not have a single formula to solve all problems. There are medical, psychological, philosophical and even religious discussions around the same issues. It's a cliché, but yes — we are different. Each person needs to be examined and treated individually. We have some knowledge of treatment options, but identifying the source is crucial and very individual.
The specialist will always look for the source of the illness in a person's life history, family, childhood experiences, inclinations and among other medical problems.
MARTA CIUŁKOWICZ: Modern medicine is not afraid of psychoactive substances, i.e. those that affect the central nervous system, after all, we use them every day! Without them, it would not be possible to put a patient to sleep for surgery, relieve severe pain, treat depression, psychosis or ADHD. Their use in medical practice is very precisely regulated. We know exactly when a substance can cause harm and when it helps. We know its safety profile, its duration of action — so we can talk about them as medicines. Doctors are obliged to rely on scientific evidence, and the existing evidence dictates caution. We, too, eagerly await new, effective medicines, but we exercise caution because our decisions involve responsibility for the health and life of others.

WHAT IS DEPRESSION?
MARTA CIUŁKOWICZ: There are many subdivisions of depressive episodes, which are useful in everyday clinical practice. We can consider them from different perspectives, for example the number of episodes so far, the intensity of the symptoms experienced, the age or gender of the patient. For the purposes of this publication, however, I would like to discuss the distinction between endogenous and exogenous depression in a little more detail. Endogenous depression, as the name suggests, comes 'from within' — it has a biological basis related to disturbances of neurotransmission (mainly serotonin, noradrenaline and dopamine) in the central nervous system. These disorders do not have to be preceded by any difficult experience; they can occur without any identifiable cause. Its occurrence can therefore be completely incomprehensible to those around it and judged as inadequate, excessive, and thus an additional burden on the sufferer. It is slightly different in the case of 'exogenous' depression, the occurrence of which is preceded by a certain event, a trigger. The depressive episode therefore occurs secondarily. It does not have to be an event commonly perceived as negative; it could be a promotion at work or the birth of a child. The identification of the external origin of the episode is linked to the particularly important role of psychotherapy in the treatment process. Although patients intuitively locate these processes in the head, it is worth realising that, in fact, our whole body is ill. Depression can put on masks — information about seemingly unrelated symptoms such as itchy skin, headache, diarrhoea, constipation, sexual dysfunction or restless legs syndrome can be of great value to the doctor.

DRUG TREATMENT VERSUS THERAPY — DO THEY GO HAND IN HAND?
MAGDALENA PERON-SZOTT: Pharmacology and psychotherapy are a very good combination, the drugs provide help the patient to stay calm, which helps them to focus on their experiences and their understanding. This also works at the level of collaboration between professionals. Patient care often requires mutual consultation between the doctor and the psychotherapist.
MARTA CIUŁKOWICZ: I would add that some patients feel disappointed to leave the doctor's office without a prescription. They feel that the decision not to begin pharmacotherapy suggests that their suffering is taken less seriously. That is not true. Pharmacotherapy can be tempting with the prospect of relatively rapid improvement in mental state but is not always the best option. The happy pill does not exist! Each patient should be approached very individually, and treatment decisions should be made after a thorough examination. Some will be most served by medication at a given time, others will benefit most from therapy, while others still will benefit from a combination of both. It is important to find a professional whom we trust and let them guide us along one of these paths.

WHERE DOES ANXIETY COME FROM?
MARTA CIUŁKOWICZ: We can consider anxiety as a state we are in or as a feature of our personality. Its source will determine the course of treatment. Anxiety may be a constant companion and manifest itself, for example, in extreme sensitivity to rejection and criticism, feelings of inferiority, frequent embarrassment, constant tension, an excessive need to feel safe and avoid life situations that disturb this feeling. In those cases, we can assume with high probability that pharmacotherapy will not eliminate the problem and it is worth leaning towards psychotherapy. If, however, anxiety is a periodic and disturbing state in which we cannot concentrate, forget, act chaotically or become irritable, accompanied by physical reactions such as tics, stuttering, muscle tension, palpitations, hot flashes, rapid breathing or gastrointestinal symptoms, then both psychotherapy and pharmacotherapy, as well as both methods carried out in parallel, can help. Anxiety can have a very different morphology and should always be carefully examined. Where does it come from? Biologically — from a neurotransmission disorder, from structural or functional changes in the brain, it can also be genetically and environmentally determined. The causes can also be traced back to numerous psychological hypotheses.

WHAT IS STIGMATISATION?
MARIA MAĆKOWIAK: Stigmatisation is a complex phenomenon related to our functioning in the social world. It involves attributing to other individuals, groups or entire social categories (such as schoolchildren, prisoners, police officers) certain characteristics (so-called labels) which, in a given social context, are stigmatising, i.e. judged as negative. Socially unattractive traits generate resentment and lead to the exclusion of stigmatised individuals from social life. Stigmatisation, however, does not only mean society's reaction to people who have been given stigmatising labels. The second face of this phenomenon is the so-called self-stigmatisation, i.e. a situation in which the stigmatised person begins to act in accordance with the terms attributed to them.
Using the example of people with mental illness, we can see that stigmatisation is an additional burden and carries the danger of so-called secondary disability. In addition to the symptoms resulting from the illness, which may affect daily functioning, such a person will experience the attitudes and perceptions that the environment has towards their diagnosis: schizophrenia, depression, dementia. By means of a self-fulfilling prophecy, they may start to adopt such beliefs and build on them their identity — a person unable to work, dependent, dangerous to themselves and others. Countering these perceptions increases the effort that someone with a particular diagnosis already puts into managing their symptoms. This further restricts access to spheres identified with a good quality of life: belonging to different social groups, satisfying relationships, good jobs, health care and passions.

exhibition
KAROLINA BALCER
HAPPY FAMILY
curator: Magda Kardasz
collaboration: Monika Kopczewska
exhibition production: Anna Muszyńska and team

13.05–24.07.2022
Tuesdays–Sundays 12–8 p.m.
ul. Gałczyńskiego 3, 00-362 Warszawa
+48 22 826 01 36
mpz@zacheta.art.pl
zacheta.art.pl

ZACHĘTA

folder
publisher:
Zachęta — National Gallery of Art
pl. Małachowskiego 3, 0-916 Warszawa
director: Janusz Janowski

after graphic design by Jakub Jezierski
translation: Paulina Bożek
editing: Małgorzata Jurkiewicz
typesetting: Krzysztof Łukawski

printed by ARGRAF, Warszawa

Printed on Nautilus Classic 80 g/m² paper, made from 100% recycled materials. The paper is FSC-certified, attesting that the cellulose sourced for paper production comes from sustainably managed forests.

sponsor of ZACHĘTA PROJECT ROOM

BenQ

institution financed by

Ministry of Culture and National Heritage of the Republic of Poland

on first page:

1. ***Chill Pills*, od 2020, rug objects**
2. ***I'm Fine Collection*, 2022, knitted vest**
3. ***Family Treasures*, 2021, rug object**
4. ***Black Sheep*, 2022, rug object**
5. ***Family Knots 123*, 2021, rug object**
6. ***Ouch*, 2022, rug object**
7. ***Cry Me a River*, 2021, rug object**
8. ***Help*, 2022, rug object**
9. ***Hidden under a Shade*, 2021, rug object, photo by Alicja Kielan, © BWA Wrocław**
10. ***Happy Family*, 2022, video still**
11. ***Anxiety*, 2021, rug object**

Unless otherwise stated, photographs courtesy of the artist

Karolina Balcer (born 1988, Toruń), lives and works in Warsaw. Graduate of the Academy of Art and Design in Wrocław (2014) and interdepartmental doctoral studies at the same school (2017). Between 2015 and 2019, she co-headed the Wykwit gallery in Wrocław. From 2017 to 2020, she was a member of the Wykwitex art collective. Since 2019, she has been heading the nomadic initiative Why Quit with Iwona Ogrodzka.
Her projects often involve the active participation of family members. Since 2020, she has been working on a family project on mental health issues, which will culminate in a series of exhibitions with an accompanying educational programme (including presentation at the Zachęta Project Room) and the publication *Happy Family — poradnik zdrowia psychicznego* [Happy Family — A Guide to Mental Health] (pub. Krupa Gallery, Bęc Zmiana).
http://karolinabalcer.com